

# Exhibit C-1

PROOF OF CLAIM	
<b>Name of Debtor</b> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">USA Commercial Mortgage Company</div>	<b>Case Number</b> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">06-10725-LBR</div>
<small>NOTE See Reverse for List of Debtors and Case Numbers            This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>	
<b>Name of Creditor and Address</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             11321241000491              NEVADA FREEDOM CORP              PSP DTD 10/1/90 AND 9/1/95              FTBO DUANE U DEVERILL              C/O DUANE U DEVERILL TRUSTEE              774 MAYS BLVD STE 10 PMB 186              INCLINE VILLAGE NV 89451-9613           </div>	<div style="margin-top: 10px;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.   <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.   <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.           </div>
<b>Creditor Telephone Number ( )</b> <div style="margin-top: 10px;">Last four digits of account or other number by which creditor identifies debtor:  <div style="font-family: cursive; font-size: 1.2em; margin-left: 100px;">Client ID</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <b>1 BASIS FOR CLAIM</b>  <input type="checkbox"/> Goods sold      <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Services performed      <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Money loaned      <input type="checkbox"/> Other (describe briefly)           </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)              Last four digits of your SS #: _____              Unpaid compensation for services performed from _____ to _____ (date) (date)           </div> <div> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)           </div> </div>	
<b>2 DATE DEBT WAS INCURRED</b> <u>1-26-2006</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations</small>	
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>41,500.00</u> Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>5 TOTAL AMOUNT OF CLAIM \$</b> <u>820,466.12</u> <b>\$</b> <u>820,466.12</u> <b>AT TIME CASE FILED</b> (unsecured) (secured) (priority) <u>11-6-30-06</u> (Total)	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.	
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</p> <p><b>BY MAIL TO</b>            BMC Group            Attn: USACM Claims Docketing Center            P O Box 911            El Segundo, CA 90245-0911</p> <p><b>BY HAND OR OVERNIGHT DELIVERY TO</b>            BMC Group            Attn: USACM Claims Docketing Center            1330 East Franklin Avenue            El Segundo, CA 90245</p> </div> <div style="width: 25%; text-align: center;"> <b>THIS SPACE FOR COURT USE ONLY</b>   <div style="font-size: 1.5em; font-weight: bold; margin-top: 20px;">FILED OCT 02 2006</div> </div> </div>	
<b>DATE</b> <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">4-27-06</div>	<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Duane U. Deverill (Duane U. Deverill)</div>

PROOF OF CLAIM	
<b>Name of Debtor:</b> <div style="font-size: 1.2em; font-family: cursive;">USA Commercial Mortgage Company</div>	<b>Case Number:</b> <div style="font-size: 1.2em; font-family: cursive;">06-10725-LBR</div>
<small>NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>	
<b>Name of Creditor and Address:</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <span style="background-color: black; color: black;">XXXXXXXXXXXXXXXXXXXX</span> 11321241002977  YOUNG JIN PARK AND SEJIN PARK  4417 LOS REYES CT  LAS VEGAS NV 89121-5345 </div>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.   <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.   <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div>
<b>Creditor Telephone Number</b> (702) 734-2027 <b>Last four digits of account or other number by which creditor identifies debtor:</b> <div style="font-size: 1.2em; font-family: cursive;"># 1226</div>	
<div style="display: flex; justify-content: space-between;"> <div> <b>1. BASIS FOR CLAIM</b>  <input type="checkbox"/> Goods sold      <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Services performed      <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Money loaned      <input type="checkbox"/> Other (describe briefly) _____ </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)  Last four digits of your SS #: _____  Unpaid compensation for services performed from: _____ to _____  <div style="text-align: right;">(date)                      (date)</div> </div> <div> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
<b>2. DATE DEBT WAS INCURRED:</b> 5-2-05 <b>3. IF COURT JUDGMENT, DATE OBTAINED:</b> _____	
<b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations.</small>	
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ ). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>5. TOTAL AMOUNT OF CLAIM \$</b> \$ 50,000      \$      \$ 50,000 <b>AT TIME CASE FILED:</b> (unsecured)                      (secured)                      (priority)                      (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
<b>7. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.	
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
<b>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</b> <b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	<b>THIS SPACE FOR COURT USE ONLY</b>   <b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245
<b>DATE</b> <div style="font-size: 1.2em; font-family: cursive;">12/18/06</div>	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="font-size: 1.2em; font-family: cursive; text-align: center;">   YOUNG JIN PARK </div>



UNITED STATES BANKRUPTCY COURT DISTRICT OF CALIFORNIA		PROOF OF CLAIM	
Name of Debtor <b>JSA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>	
NO E See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div> <b>11321242037865</b> <b>PAYNE, SHIRLEY</b> <b>P O BOX 208</b> <b>GRASS VALLEY CA 95945</b>		<b>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.</b>  <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number (530) <b>265-4593</b>			
Last four digits of account or other number by which creditor identifies debtor <div style="text-align: center; font-size: 1.2em;">0725</div>		Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends	
<b>1 BASIS FOR CLAIM</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned             </div> <div style="width: 50%;"> <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other (describe briefly) _____             </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                Last four digits of your SS # _____                Unpaid compensation for services performed from _____ to _____ (date) (date)             </div> <div style="width: 50%;"> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)             </div> </div>			
<b>2 DATE DEBT WAS INCURRED</b> <u>8/12/05</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____			
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> <div style="display: flex; justify-content: space-between;"> <div>             \$ _____ (unsecured)  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.           </div> <div>             \$ <u>50,000.00</u> (secured)              \$ _____ (priority)              \$ <u>50,000.00</u> (Total)           </div> </div>			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911			<b>THIS SPACE FOR COURT USE ONLY</b>  <div style="font-size: 1.5em; font-weight: bold;">FILED NOV 13 2006</div>  <div style="text-align: center; font-size: x-small;">             USA CMC                1072501375           </div>
<b>DATE</b> <div style="font-size: 1.2em;">11/10/06</div>	<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <div style="text-align: center; font-family: cursive;">Shirley Payne</div>		

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

Name of Debtor:

USA COMMERCIAL MORTGAGE CO

Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

PRESWICK CORP  
1400 COLORADO ST SUITE C  
BOULDER CITY  
NV 89005☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number 702 293-4816

Last four digits of account or other number by which creditor identifies debtor:

Check here  
if this claim☐ replaces  
or  
☐ amends

a previously filed claim dated: \_\_\_\_\_

## 1. BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☒ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☒ Other claims against servicer  
(not for loan balances)☒ Money loaned☒ Other (describe briefly)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from: \_\_\_\_\_

INTEREST  
4/1/06 to 11/1/06  
(date) (date)

## 2. DATE DEBT WAS INCURRED:

3/13/06 7/28/05

## 3. IF COURT JUDGMENT, DATE OBTAINED:

## 4. CLASSIFICATION OF CLAIM.

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

## UNSECURED NONPRIORITY CLAIM \$

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☐ Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

## SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral: GRAMERCY COURT TRUST DEED

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral: \$ 250,000.00

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 250,000.00

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( \_\_\_\_\_ ).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

## 5. TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED:

\$ 281,473.51 \$ \_\_\_\_\_ \$ \_\_\_\_\_

(unsecured)

(secured)

(priority)

(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

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The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:

BMC Group

Attn: USACM Claims Docketing Center

P. O. Box 911

El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo, CA 90245

THIS SPACE FOR COURT  
USE ONLY

FILED NOV 08 2006

DATE

11/2/06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Lynell Tennant CYRILL TAMMADGE PRESIDENT

USA CMC



1072501016